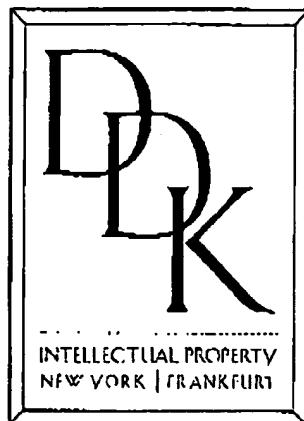


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FROM: William Gehris (Reg. No. 38,156) DATE: January 15, 2004

OUR REF: 600.1181

NO. OF PAGES (including cover): 5

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PLEASE DELIVER THE FOLLOWING TO:

OFFICIAL

Recipients(s):

Examiner Windmuller, PTO Central Fax

Fax Number:

(703) 746-9564, (703) 872-9306

MESSAGE: Serial No. 10/002,015

Dear Examiner Windmuller,

Thank you for your telephone call today. Attached is an accurate copy of the response to restriction requirement we filed on November 11, 2003 and a stamped postcard indicated receipt on November 13, 2003 at the U.S.P.T.O. As requested, I am also faxing this fax to the central PTO fax number to be matched with the file.

If you have any questions please feel free to contact me.

Sincerely,

William Gehris (Reg. No. 38,156)

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Our Ref. 600,1181

November 11, 2003

WCG:jmd:cc

RE:

Patent Application of:
Kevin L. COTE, et al.

Serial No.:

10/002,015

Filed:

October 26, 2001

For REGISTRATION APPARATUS FOR A SHEET MATERIAL
HANDLER

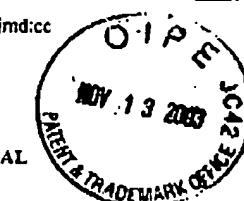
Enclosed are:

- PTO 1083 Transmittal Form (1 page);
- Response to Restriction Requirement (1 page);
- Check in the amount of \$110.00 for one month extension;

WITH FIRST CLASS MAIL CERTIFICATION

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PAY One hundred ten and NO/100 Dollars

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FORM PTO-1083

COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Docket No.: 600.1161
Date: November 11, 2003

In re application of: Cote et al.
Serial No.: 10/002,015
Filed: October 26, 2001
For: Registration Apparatus for a Sheet Material Handler

Sir:

Transmitted herewith is a Response to Restriction Requirement (1 pg) in the above-identified application.

[] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
 [] Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
 [X] No fee for additional claims is required.
 [] A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)		(Col. 2)		SMALL ENTITY RATE	LARGE ENTITY RATE	OR	LARGE ENTITY RATE	LARGE ENTITY FEE
	REMAINING AMPTER	HIGHEST PREVIOUSLY AMENDMENT	PAID FOR	PRESENT EXTRA					
TOTAL CLAIMS	* Minus**	=	0	x \$ 91\$					
INDEP. CLAIMS	* Minus***	=	0	x \$ 42\$					
				+ \$140\$					
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM								
					TOTAL: \$		OR	TOTAL: \$	

* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

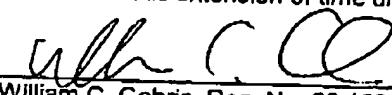
[] Also transmitted herewith are:
 [] Petition for extension under 37 C.F.R. 1.136 (in duplicate)
 [] Other:

[X] Check(s) in the amount of \$110.00 is/are attached to cover:
 [] Filing fee for additional claims under 37 C.F.R. 1.16
 [X] Petition fee for extension under 37 C.F.R. 1.136
 [] Other:

[X] The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

[X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 [X] Any patent application processing fees under 37 C.F.R. 1.17.
 [X] Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

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I hereby certify that this correspondence and/or documents referred to as attached hereto and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope with sufficient postage addressed to "Commissioner for Patents, Alexandria, VA 22313-1450" on November 11, 2003.

DAVIDSON, DAVIDSON & KAPPEL, LLC

By: Christina Colocotronis
 Christina Colocotronis